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Weekly Bulletin



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EDITOR

Infantile Paralysis Demands Attention.

Poliomyelitis (infantile paralysis) is more prevalent in California at the present time than it has been since 1912, when 531 cases with 129 deaths occurred, with the single exception of the year 1921 when 282 cases were reported. In view of the considerable number of cases now in the state and because of the fact that these cases are scattered, the California State Board of Health believes that the situation deserves the incessant activity of every health officer in the state and the full support of the general public in order that a widespread epidemic such as that of 1912 may be prevented.

Following is a table, showing the number of cases that have been reported in California since the first of July together with the names of the localities in which these cases have occurred.

POLIOMYELITIS.

Cases reported in July, 1923.

Los Angeles County—	
Belvedere Gardens	1
Santa Monica	1
Los Angeles	2
Riverside County—	
West Riverside	1
San Bernardino County—	
Chino	1
Redlands	1
San Diego County—	
San Diego	1
Total	8

POLIOMYELITIS.

Cases reported in August, 1923.

Alameda County—	
Berkeley	1
Kern County—	
Bakersfield	1
Kings County	1
Hanford	1
Los Angeles County	2
Glendale	1
Los Angeles	6
Pasadena	1
San Fernando	2
Mendocino County—	
Fort Bragg	1
Napa County	1
Sacramento County—	
Sacramento	1
San Bernardino County—	
Ontario	1
Redlands	1
San Francisco	1
Total	22

POLIOMYELITIS.

Cases reported in September 1-16, 1923.

Los Angeles County—	
San Gabriel	1
Puente	2
Bellflower	2
Belvedere Gardens	2
Long Beach	1
Los Angeles	4
Pomona	1
Redondo	1
Riverside County—	
Blythe	1
San Bernardino County—	
Cucamonga	1
Highland	1
Ontario	4
San Diego County—	
San Diego	1
Total	22

Poliomyelitis (infantile paralysis) is a disease of children, although it occurs commonly in adults. The disease may also be spread by adults, as well as by children, who are apparently in good health. Paralysis does not occur in all cases. Many persons afflicted with the disease show no symptoms of paralysis. Contacts with such cases may contract the disease in severe form, however.

Because of the fact that the disease may be spread by adults as well as by children, it is important that all sick persons who do not belong to the immediate family be kept out of the house. Children should not be allowed to play with other children or adults who are not entirely well. It is best to keep children off the streets and children of pre-school age should be kept at home. The best way to avoid poliomyelitis is to keep away from any person, young or old, who may be sick.

In communities where poliomyelitis (infantile paralysis) is present, if any child shows symptoms of illness whatsoever, he should be removed from other members of the family and no visitor should be allowed to enter the house. Steps to ascertain the diagnosis of the case should be taken without delay. This procedure should be followed whether the child shows symptoms of a common cold, intestinal disturbance, nervousness or any other symptom of illness. The disease may first show itself in a wide variety of forms. For this reason it is essential that any case of illness in a child, particularly, be regarded as serious, until proved otherwise.

Every case of poliomyelitis (infantile paralysis) must be quarantined for a period of three weeks and all children who may have come into contact with a case of the disease must be isolated for two weeks.

Nose and throat discharges should be collected in soft cloths or paper napkins and burned immediately. Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution or such other disinfectant as the physician may recommend. It is of the greatest importance that all nose, throat and bowel discharges be destroyed or disinfected without delay. The transmission of such discharges are responsible for the spread of the disease.

In the last widespread outbreak of poliomyelitis in California half of the 531 persons who contracted the disease were paralyzed and one-quarter of those suffering from the disease died. It is one of the most serious of children's diseases and wherever it exists the full cooperation of the general public is of

the utmost necessity in keeping the disease in check and preventing it from assuming an epidemic form.

In the United States in 1916, there were 29,000 cases with 6,000 deaths. Fortunately, California escaped a widespread epidemic during that year. In fact, relatively few cases have been reported in California for more than ten years. For that reason, if for no other, the California State Board of Health believes that the present situation with regard to the increased prevalence of the disease within the state requires the careful attention of health officers and of the general public.

To keep this disease under control, wherever it may be epidemic, the following procedures are essential:

1. Keep children away from other children.
2. Permit no sick person, young or old, in the house where there are children.
3. Keep children off the streets.
4. Regard every case of sickness in a child, no matter what the symptoms may be, as a case of serious illness until it is proved otherwise.
5. Isolate all sick children without delay until the nature of the illness is determined.

The Hygiene of Country Schools.

The little red school house has been the means of spreading colds and measles; of injuring eyes by small, poorly placed windows, and of breeding a dislike for school by lack of facilities for play, indoors and out. Taliaferro Clark in the October issue of *HYGEIA* points out that many country school children are required to attend schools that are inadequate for health or education. They are largely denied the medical and surgical attention by specialists so easily had by city school children. They do not receive the benefits of general sanitary measures such as a good water supply and the safe disposal of human excreta. They are unduly exposed to endemic diseases, such as chronic malaria and hookworm. There are about 186,000 one-teacher rural schools in this country. Many of these buildings are old, in bad state of repair, and designed without regard to the hygienic needs of children. Some of the principal points in need of attention are heating and ventilation, proper illumination and medical inspection. The educational facilities provided by a community may be considered an index of community culture and prosperity. Investigations have shown that a

large proportion of the sickness and loss of economic efficiency in country districts is due to prevailing endemic diseases, such as malaria, hookworm, trachoma and typhoid fever. The importance of health supervision in the schools and the teaching of health habits on a community-wide basis can hardly be overestimated.

Summary Methods of Control of Epidemic Poliomyelitis (Infantile Paralysis).

To prevent the spread of infantile paralysis and to avoid contracting it observe the following:

- Keep your children off the streets.
- Do not let them play with any child or adult who is not entirely well.
- Keep sick persons who do not belong in your family out of your house.
- Make sure that hands are thoroughly washed before eating.

IN CASE OF SICKNESS.

If a child or adult in your family appears to be sick or complains of not feeling well immediately separate that person from the rest of the family and allow no visitors to enter the house.

After waiting on the sick person be sure to wash your hands immediately.

Collect nose and throat discharges in paper napkins or small pieces of cloth and burn immediately.

Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution, or such other disinfectant as your physician shall advise.

Infantile paralysis is primarily a children's disease, the mortality being 20 per cent, and many who survive remain disabled throughout their lifetime.

The best way to keep your child from contracting this disease is to keep him away from other children.

TO HEALTH OFFICERS.

Special Bulletin No. 15 on Poliomyelitis gives the rules and regulations for the prevention of this disease.

Period of quarantine shall not be less than 3 weeks from the beginning of the disease. (Adopted October 6, 1923.)

Special attention should be given to the quarantining of all contacts, especially in children where a strict quarantine should be maintained for a period of 2 weeks. (Adopted October 6, 1923.)

Special attention should be given to the nose, throat and bowel excreta.

Disinfection of bowel and bladder discharges in all cases.

Strict observance of terminal disinfection should be carried out.

Tuberculosis—Its Causes and Prevention.

A century ago not less than three hundred of every hundred thousand inhabitants in our cities died each year from consumption. At present many cities are reporting rates of from eighty to one hundred. The origin of this devastating plague is lost in the mists of prehistoric ages. Certain it is that at the time Moses was establishing a traveling hierarchy somewhere east of Suez and rumors of the Red Sea disaster were filtering slowly up and down the banks of the Nile, there were plenty of persons who coughed chronically, expectorated frequently, discharging often a blood-streaked phlegm, were bright eyed and feverish, and wasted away finally to die in extreme weakness. And it is certain that there were others with sagging spinal columns and hunched backs, and some with locked hip-joints, who went through life with shortened thighs, all of them suffering from what we now know to be forms of one and the same disease. With these words Dr. E. R. Long, in the October issue of *HYGEIA*, opens a fascinating story of the history of the causes and prevention of tuberculosis.

Prior to the time of Villemin and Koch the disease was thought by most people to be hereditary. Today we know that the main reason why it so often runs in families is that the sick members infect the well. Since 1900, it has been known that in cities few or no persons escape infection, so great are the opportunities for infection, yet comparatively few get sick from the infection. The reasons for this escape concern what is known as susceptibility, the factors in which are manifold, partly inherited and partly acquired. The fight against the disease depends on the avoidance of infection and the factors that lead to increased susceptibility.

Start Public Health Nursing in Japan.

Public health nursing is to be established in Japan, under the direction of Miss Mary D. Barnes, R. N., who sails for Tokio, October 18th. Home Minister Goto has recently become interested in public health nursing, which is a distinct innovation in Japan, and is giving his active support to the new work.

Miss Barnes will organize Japanese nurses who will work in connection with the Episcopal Mission at St. Luke's Hospital, Tokio.

MORBIDITY.***Diphtheria.**

126 cases of diphtheria have been reported, as follows: San Francisco 23, Los Angeles County 11, Los Angeles 34, Berkeley 11, South San Francisco 2, Tuolumne County 2, Mountain View 1, San Leandro 1, Santa Cruz County 1, San Benito County 1, Burlingame 1, San Fernando 1, San Gabriel 2, Whittier 1, Yolo County 3, Long Beach 3, Plumas County 1, Orange County 1, Sacramento 3, San Joaquin County 2, Oakland 21.

Measles.

158 cases of measles have been reported, as follows: San Francisco 117, Alameda 8, Monterey County 12, Berkeley 3, Long Beach 1, Sunnyvale 2, San Luis Obispo County 1, Pasadena 1, Los Angeles 3, Hillsborough 2, San Leandro 1, Los Angeles County 1, Alhambra 1, Manteca 1, Oakland 4.

Scarlet Fever.

44 cases of scarlet fever have been reported, as follows: Los Angeles 10, San Francisco 5, Tuolumne County 1, Oxnard 1, Pomona 2, Los Angeles County 4, Yolo County 3, San Leandro 2, Long Beach 1, Orange County 4, San Joaquin County 1, San Benito County 2, Stockton 2, Oakland 5, San Diego County 1.

Whooping Cough.

19 cases of whooping cough have been reported, as follows: San Francisco 7, Los

Angeles 5, Los Angeles County 2, Riverside 1, Alameda 1, Long Beach 1, Sacramento 1, Oakland 1.

Smallpox.

14 cases of smallpox have been reported, as follows: Los Angeles 7, Fillmore 2, Hermosa Beach 2, Los Angeles County 2, Orange County 1.

Typhoid Fever.

11 cases of typhoid fever have been reported, as follows: Berkeley 1, Yolo County 2, Los Angeles 1, Los Angeles County 1, Long Beach 1, Sacramento 1, Roseville 1, Riverside 1, Oakland 1, California 1.

Poliomyelitis.

13 cases of poliomyelitis have been reported, as follows: Los Angeles 6, South Pasadena 1, Los Angeles County 5, San Joaquin County 1.

Epidemic Encephalitis.

Los Angeles reported one case of epidemic encephalitis.

Rabies (Human).

Los Angeles reported one case of human rabies.

*From reports received on October 1st and 2d for week ending September 29th.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				1922			
	Week ending			Reports for week ending Sept. 29 received by Oct. 2	Week ending			Reports for week ending Sept. 30 received by Oct. 3
	Sept. 8	Sept. 15	Sept. 22		Sept. 9	Sept. 16	Sept. 23	
Anthrax.....	1	1	1	0	0	0	0	0
Cerebrospinal Meningitis.....	3	1	1	0	2	1	2	5
Chickenpox.....	33	28	35	20	21	32	34	25
Diphtheria.....	156	124	194	126	82	122	144	117
Dysentery (Bacillary).....	0	0	1	0	2	3	6	0
Epidemic Encephalitis.....	0	2	2	1	3	3	2	0
Gonorrhoea.....	112	92	170	80	138	106	85	89
Influenza.....	5	9	13	9	3	6	15	8
Leprosy.....	0	0	0	0	5	0	1	0
Malaria.....	2	5	16	3	9	9	18	8
Measles.....	180	130	292	158	7	9	3	7
Mumps.....	2	7	8	3	15	10	19	23
Pneumonia.....	54	30	32	23	43	49	67	36
Poliomyelitis.....	3	9	12	13	3	0	3	1
Rabies (Human).....	0	1	0	1	0	0	0	0
Scarlet Fever.....	49	61	62	44	36	46	70	63
Smallpox.....	6	10	8	14	4	20	10	4
Syphilis.....	169	140	81	100	130	125	81	100
Tuberculosis.....	162	165	169	113	167	170	136	105
Typhoid.....	26	26	20	11	20	36	38	27
Whooping Cough.....	39	44	41	19	61	37	35	26
Totals.....	1002	884	1158	738	751	784	769	644

CALIFORNIA STATE PRINTING OFFICE